



Distance Education Unit 18 Abercromby Street P.O.S, Website: <http://www.deuttmoe.org>, Email: info@deuttmoe.org, Tel: (868) 625-2615, Fax: (868) 627-9861

LEARNER REGISTRATION FORM

LAST NAME

FIRST NAME

MIDDLE

ADDRESS

TEL: HOME

TEL: WORK

TEL: CELL

DATE OF BIRTH

AGE

☐

Male

☐

Female

EMAIL

PREFERRED SOCIAL NETWORKING SPACE (e.g. Facebook, Twitter)

SPACE

USERNAME

OCCUPATION

MARITAL STATUS

☐

SINGLE

☐

MARRIED

☐

DIVORCED

☐

WIDOWED

NATIONALITY

I.D. CARD NO.

PASSPORT NO.

D.P. NO.

SUBJECT/S CHOSEN

☐

Mathematics

☐

English

☐

HSB

☐

Spanish

☐

Socail Studies

ICT:

☐

Cisco IT Essentials

☐

Ecitizen

☐

Webstarter

☐

ICDL (International Computer Driving Licence)

REASON FOR APPLYING

DESIRED CENTRE

LAST SCHOOL ATTENDED

IF YOU ARE REGISTERED CSEC CANDIDATE PLEASE FILL IN YOUR REGITRATION #

DATE OF EXAM

EXAMINATION CENTRE

DO YOU HAVE A DISABILITY OR KNOW MEDICAL CONDITION THAT WE SHOULD BE AWARE OF: ☐ NO ☐ YES

IF YES PLEASE EXPLAIN

EMERGENCY CONTACT:

NAME

RELATIONSHIP

LAST NAME

FIRST NAME

ADDRESS

TEL: HOME

TEL: WORK

TEL: CELL

TECHNOLOGY ACCESS: Please tick box(es) if you have consistent access to any of the following

- ☐ TELEVISION ☐ VCR ☐ DVD/CD PLAYER ☐ AUDIO CASSETTE RECORDER/PLAYER
☐ PRINTER ☐ SCANNER ☐ INTERNET ACCESS ☐ Dial Up ☐ High Speed

ACADEMIC RECORD:

SCHOOL/INSTITUTION LAST ATTENDED	COURSE/SUBJECTS TAKEN	CERTIFICATE/S OBTAINED	GRADES	YEAR OBTAINED

1. I hereby certify that all statements are true, correct and complete to the best of my knowledge and belief. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status
2. I understand that submission of this application in no way guarantees admission to a programme or course, and that admission is subject to meeting NOSTT programme/course prerequisites and space availability.
3. I agree to abide by the rules and regulations of the NOSTT as published in the Orientation Guide, and any changes which may be made while I am a student at NOSTT.
4. The information on this form is collected under the authority of the Ministry of Education. I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research, alumni and development and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information act.

DATE

SIGNATURE